PRINTED: 04/02/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 01, 02		(X3) DATE SURVEY COMPLETED	
		495188	B. WING _			01/24/2017	
	ROVIDER OR SUPPLIER	ABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP 235 EVERGREEN AVE APPOMATTOX, VA 24522	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code (I Monitoring Survey was for Medicare & Medic January 23, 2017 and a State Agency survey December 16, 2016. Monitoring Survey App. Rehabilitation Center not in substantial conrequirements for part Medicare/Medicaid, 4 Life Safety from fire a National Fire Protecti Life Safety Code (LSG Health Care Occupar The nursing home (be building on a cement an attic, was determined brick, metal and wood roof assembly, Type sprinkler protected. The being the nursing home built prior to March 13 (building 0102) was construction for occupant the building had a small structure of the building had a small struct	LSC) comparative Federal as conducted by the Centers aid Services (CMS) on a January 24, 2017 following y that was conducted on At this comparative Federal appomattox Health and CCN 495188 was found appliance with the acipation in 2 CFR, Subpart 483.70(a), and the 2012 Edition of the con Association (NFPA) 101, C), Chapter 19 EXISTING acies. Lilding 0102) is a one story slab with no basement and aned to be a mix of concrete, a stud, exposed wood truss and the constructed approximately in so certified after the date of concy which is believed to moke detection system in all	K	DEFICIEN			
	company (2 dedicate fire department. Resident rooms had in Terminal Air Condition	tied through a monitoring d lines) to the local volunteer ndividual Packaged ner (PTAC) units. Heating, nditioning (HVAC) to the					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: VA0004

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MI IDENTIFICATION NUMBER: A. BUIL			CONSTRUCTION I, 02	(X3) DATE SURVEY COMPLETED		
		495188	B. WING			01/	24/2017	
	ROVIDER OR SUPPLIER	IABILITATON CENTER	·	23	TREET ADDRESS, CITY, STATE, ZIP CODE SEEVERGREEN AVE PPOMATTOX, VA 24522			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)			(X5) COMPLETION DATE	
K 000	and return in the corrupon activation of the upon activation of the The building was fully wet and dry (attic) sp system is on city wat 30,000 gallon water system. Emergency was supplied by two building 0202 and on The facility did not act and stated they do at facility has a capacity 60 at the time of the The requirement at 4 NOT MET as evident A Life Safety Code (Monitoring Survey was for Medicare & Medicare / Medicare / A Life Safety from fire and Medicare / Medicar	ed by a system with supply idors which shuts down a fire alarm. It is sprinkler protected with a winkler system. The sprinkler er with a fire pump and a supply for the sprinkler backup power to the building diesel generators (one inside the outside building 0202). It is sident bariatric residents. The word of 60 beds with a census of survey. In the comparative Federal as conducted by the Centers caid Services (CMS) on and January 24, 2017 following by that was conducted on this comparative Federal c	K	000				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 01, 02	(X3) DATE SURVEY COMPLETED	
		495188	B. WING			01/	24/2017
	ROVIDER OR SUPPLIER TOX HEALTH AND REH	ABILITATON CENTER	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 000	building identified as identified as being but The nursing home (but constructed approximally was certified after the occupancy which is building and 0202 are swall. No residents resutilize it for dining, the buildings were built as a sloped sight with grade from the baser from the first floor (see The building had a small spaces except offices company (2 dedicate fire department. Building 0202 had not concorridors was provided and return in the corrupon activation of the The building was fully exception of a sprinkle exterior overhang exception of a sprinkle sy is on city water with a gallon water supply for Emergency backup proposed building 0202 and on The facility did not act and stated they do act and stated they do act was constructed.	becition of K 351). The being the nursing home was uilt prior to March 13, 2003. uilding 0202) was nately in 1989. The facility date of construction for believed to 1989. Building eparated by a two hour fire eside in building 0202, but erapy and activities. Both at the same time. The sight exits in building 0202 to ment and to building 0102 econd story). The side through a monitoring d lines) to the local volunteer or resident rooms. Heating, anditioning (HVAC) to the ed by a system with supply idors which shuts down er fire alarm. or sprinkler protected (with the ler in the elevator pit and a ceeding 4') with a wet and or stem. The sprinkler system a fire pump and a 30,000 or the sprinkler system. The sprinkler system a fire pump and a 30,000 or the sprinkler system. The sprinkler system a fire pump and a 30,000 or the sprinkler system.	К	000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01, 02	(X3) DATE SURVEY COMPLETED
		495188	B. WING		01/24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522	·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
K 000	Continued From page	÷ 3	K 00	00	
	NOT MET as evidend				
K 161 SS=F	Building Construction CFR(s): NFPA 101	Type and Height	K 16	61	10/1/17
	Building Construction 2012 EXISTING				
		type and stories meets sotherwise permitted by .6.7			
	Construction Type 1 I (442), I (332), II (222) Any number of stories				
	sprinklered	non-sprinklered and			
	2 II (111) non-sprinklered	One story			
	sprinklered	Maximum 3 stories			
	3 II (000) non-sprinklered 4 III (211)	Not allowed			
	sprinklered 5 IV (2HH) 6 V (111)	Maximum 2 stories			
	7 III (200) non-sprinklered	Not allowed			
		Maximum 1 story ust be sprinklered roved, supervised automatic with section 9.7. (See			

· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG 01, 02		(X3) DATE SURVEY COMPLETED		
		495188	B. WING _			01/24/2017		
	ROVIDER OR SUPPLIER	HABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
K 161	construction, the nubasements, floors of location of smoke of approval. Complete plan of the building This REQUIREMENT by: Based on Observa Interview, the facility without a basement not permitted to be which required full sto provide sprinkler elevator pit and an that exceeded 4' in 483.70(a)(8), NFPA 8.15.5 and 8.15.7, a 19.1.6.2. through 15 could affect two of the smoke of the same o	tion, in REMARKS, of the amber of stories, including on which patients are located, or fire barriers and dates of esketch or attach small floor	K -	61				
		2017 at approximately 2:00						
	the facility Maintena Administrator identi story without a base building (building 02 with no basement a be a mix of concrete exposed wood trust construction require protected. Observa approximately 9:40	ey entrance conference with ance Director and fied the nursing home as two ement and an attic. The 202) is a two story building and an attic, was determined to e, brick, metal and wood stud, s roof assembly, Type III(211) and to be fully sprinkler attion on 01/24/2017 at am to 11:30 am during the d the building as fully sprinkler						

CENTER	3 FOR WEDICARE &	VIEDICAID SERVICES				CIVID IVC	7. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		495188	B. WING _			01/	24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER		235	REET ADDRESS, CITY, STATE, ZIP CODE S EVERGREEN AVE POMATTOX, VA 24522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
K 161	elevator pit and the eupper floor resident duscharge path. Inter Director at the time of there was no identified elevator pits or any exthe overhang at the ustairway from the resireview on 01/23/2017 to 3:45 pm and 01/24 am to 9:30 am identified America (FLSA) spring reports identified spring 10/12/2016 (quarterly survey), 07/19/2016, date of 04/12/2016), date of 04/12/2016), do the records review were identified as any documenting a full insupport in the hydraulic elevator exceeding 4' reduced fully to partially sprink with 42 CFR 483.70(amonth Edition, Section 19.1.6.1, 19.5).	ception of the hydraulic exterior overhang from the ining room which exceeded de stairway designated exit view with the Maintenance of observation confirmed that desprinkler in the hydraulic exterior sprinkler protecting pper floor exit discharge dent dining room. Record at approximately 2:20 pm (2017 at approximately 8:00 fied the Fire & Life Safety exterior system inspection in hydraulic exterior sprinkler at the time of 105/10/2016 (with another 101/14/2016 and 10/06/2015). The exterior of the sprinkler status as a surpression of the sprinkler status as a surpression of the sprinkler tor pits and overhang the sprinkler coverage from th	K 1	61			
K 223 SS=D	Doors with Self-Closic CFR(s): NFPA 101		K 2	23			1/24/17
	Doors with Self-Closic Doors in an exit pass	ng Devices ageway, stairway enclosure,					

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		495188	B. WING				01/24/2017	
	ROVIDER OR SUPPLIER	REHABILITATON CENTER		235	EET ADDRESS, CITY, STATE, ZIP CODE EVERGREEN AVE POMATTOX, VA 24522	•		
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL ' OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
K 223	area enclosure and closed position, undevice complying closes all such do compartment or experience and the compartment of t	smoke barrier, or hazardous re self-closing and kept in the inless held open by a release with 7.2.1.8.2 that automatically cors throughout the smoke entire facility upon activation of: al fire alarm system; and tectors designed to detect brough the opening or a required system; and kler system, if installed; and except is not met as evidenced existenced. 2.2.8, 19.2.2.2.7, 19.2.2.2.8 ENT is not met as evidenced existenced existenced existenced existenced. 2.2.8, 19.2.2.2.8, 19.2.2.2.8 ENT is not met as evidenced existenced existenced existenced existence for one fire barrier door in the country of the barrier doors in the nindeterminable number of	K	223				
	2:20 pm to 3:45 p approximately 8:0 facility was separ hour fire barrier b on the facility floo story building (01 second building (01/24/2017 at ap identified the fire building 0102 and	on 01/23/2017 at approximately of and 01/24/2017 at 20 am to 9:30 am identified the ated into two buildings with a 2 etween the buildings, identified or plan with an exit from the one 02) at the upper floor of the 0202). Observation on proximately 9:40 am to 11:30 am barrier door in the attic between the building 0202 was open (not Interview with the Maintenance						

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		495188	B. WING _			01/	24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER	•	STREET ADDRESS, CITY, STATE, ZIP C 235 EVERGREEN AVE APPOMATTOX, VA 24522	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
K 223	contractors had beer evidenced by open e attic space. At the tir contractors were premet the requiremen 19.2.2.2.7 and 19.2.2. The finding was verif Director at the time of Based on Observation Interview, the facility fire barrier from one attic in accordance with 19.2.2.2.7 and 19.2.2 could affect one of or attic, as well as an in residents, staff and with Findings Include: Record review on 01 2:20 pm to 3:45 pm approximately 8:00 affacility was separated hour fire barrier betwon the facility floor plastory building (0102) second building (020 01/24/2017 at approximately the fire barrier door with the fire	vas open and confirmed that in the attic working as lectrical junction boxes in the me of observation, no sent in the attic. This did not to f LSC Section 7.2.1.8.2, 2.2.8. ied by the Maintenance of observation. on, Record Review and failed to protect the two hour open fire barrier door in the with LSC Section 7.2.1.8.2, 2.2.8. This deficient practice one fire barrier doors in the determinable number of isitors. ied by the Maintenance of observation. on, Record Review and failed to protect the two hour open fire barrier door in the with LSC Section 7.2.1.8.2, 2.2.8. This deficient practice one fire barrier doors in the determinable number of isitors.	K 2	223			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		495188	B. WING_			01/	24/2017
	ROVIDER OR SUPPLIER TOX HEALTH AND REH	ABILITATON CENTER		23	REET ADDRESS, CITY, STATE, ZIP CODE 5 EVERGREEN AVE PPOMATTOX, VA 24522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 223	19.2.2.2.7 and 19.2.2	of LSC Section 7.2.1.8.2, .2.8. ed by the Maintenance	K	223			
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101		K	271			10/1/17
	provides a level walki provisions of 7.1.7 wi elevation and shall be obstructions. Addition be a hard packed all-18.2.7, 19.2.7 This REQUIREMENT by: Based on Observation Interview, the facility of from an exit that was hard packed all-weath accordance with CMS Letter 05-38, LSC 7.7 deficient practice couresident dining room as an indeterminable and visitors. Findings Include: Observation on 01/24 am to 11:30 am during the shall be a level of the shall be	rally, the exit discharge shall weather travel surface. is not met as evidenced on, Record Review and failed to provide discharge a level walking surface of					
	a grass covered lawn public way. Interview	exited down a set of stairs to with no hard path to the rat the time of observation Director confirmed that the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495188	B. WING			01/	24/2017
	ROVIDER OR SUPPLIER	IABILITATON CENTER		23	TREET ADDRESS, CITY, STATE, ZIP CODE IS EVERGREEN AVE PPOMATTOX, VA 24522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 271	Building 0102 and 02 upper floor of building exit to grade from bu Record review on 01 2:20 pm to 3:45 pm a approximately 8:00 a Maintenance Directo plans marked with ar pathway as both printhe resident dining rorute on the facility fl which is on the uppe anyone in the kitcher provide a discharge fl walking surface of has surface in accordance	awn to the rear of the facility. 202 are connected on the g 0202, sloped sight, with ilding 0202 at the lower level. /23/2017 at approximately	K	271			
K 351 SS=E	Director at the time of Sprinkler System - In CFR(s): NFPA 101 Spinkler System - Ins 2012 EXISTING Nursing homes, and construction type, are approved automatic accordance with NFF Installation of Sprinkl In Type I and II construction in or local regulations p In hospitals, sprinkler	stallation hospitals where required by exprotected throughout by an exprinkler system in PA 13, Standard for the er Systems. truction, alternative protection ted to be substituted for a specific areas where state	K	351			10/1/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION 1, 02	(X3) DATE SURVEY COMPLETED	
		495188	B. WING			01/	24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 35 EVERGREEN AVE PPOMATTOX, VA 24522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 351	sprinkler coverage corequired by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19 19.4.2, 19.3.5.10, 9.7 This REQUIREMENT by: Based on Observation Interview, the facility protection for the hydroxide exterior combustible accordance with 42 corollary composition of the section 19.3.5.1, 19.3 deficient practice counce well as an indeterminate staff and visitors. Findings Include: Interview on 01/23/20 pm during the facility the facility Maintenant Administrator identifies story without a basen building (building 020 with no basement and be a mix of concrete, exposed wood truss a construction required protected. Observation approximately 9:40 a facility tour identified protected with the experiment of the	t exceed 6 square feet and overs the closet footprint as , Standard for Installation of 1.3.5.3, 19.3.5.4, 19.3.5.5, 7, 9.7.1.1(1) To is not met as evidenced on, Record Review and failed to provide sprinkler traulic elevator pit and an overhang that exceeded 4' in CFR 483.70(a)(8), NFPA 13, 18.15.5 and 8.15.7, and LSC 3.5.4 and 9.7.1.1. The lid affect two of two floors, as able number of residents, 1017 at approximately 2:00 entrance conference with ce Director and ed the nursing home as two ment and an attic. The lid is a two story building d an attic, was determined to brick, metal and wood stud, roof assembly, Type III(211) to be fully sprinkler	К	351			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01, 02		(X3) DATE SURVEY COMPLETED	
		495188	B. WING _		0	1/24/2017	
	ROVIDER OR SUPPLIER TOX HEALTH AND REH	ABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 351	there was no identifice elevator pit or any expoverhang at the upper stairway from the reserview on 01/23/2017 to 3:45 pm and 01/24 am to 9:30 am identification (FLSA) spring reports identified spring 10/12/2016 (quarterly survey), 07/19/2016, date of 04/12/2016), Of the records review were identified as an documenting a full in system or identifying sprinklered per NFPA of a sprinkler in the hoverhang exceeding coverage from fully sprinkler protected to type not permitted to protected in accordant (8), NFPA 13, 2010 E	f observation confirmed that ed sprinkler in the hydraulic terior sprinkler protecting the er floor exit discharge ident dining room. Record 7 at approximately 2:20 pm 1/2017 at approximately 8:00 fied the Fire & Life Safety inkler system inspection inkler reports dated 7 currently due at the time of 05/10/2016 (with another 01/14/2016 and 10/06/2015. 1/2016 and 10/06/2015. 1/2016 inspections in spection of the sprinkler the sprinkler status as fully 1/2010 and 1/2010 Edition. The lack ydraulic elevator pit and 1/2010 elevator pit and 1/2010 elevator potentially 1/2010 elevator poten	К3	51			
K 353 SS=F	Director at the times	rified by the Maintenance of observation. aintenance and Testing	K 3	53		9/1/17	
	Automatic sprinkler a inspected, tested, an with NFPA 25, Stand	aintenance and Testing and standpipe systems are d maintained in accordance ard for the Inspection, hing of Water-based Fire					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION G 01, 02	(X3) DATE SURVE COMPLETED			
		495188	B. WING	<u>.</u>	01/24/20	17
	ROVIDER OR SUPPLIER	HABILITATON CENTER	'	STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COME	(X5) PLETION PATE
K 353	maintenance, insper maintained in a sect available.	Records of system design, ction and testing are ure location and readily	K 38	53		
	b) Who provided s	ystem last checked ystem test				
	c) Water system su	upply source				
	any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This REQUIREMEN by: Based on Observat Interview, the facility sprinklers free from escutcheons not pronot having the corre available and not ha accordance with LS 4.6.12, Section 9.7, NFPA 25, 2011 Editicould affect 60 of 60	IS information on coverage for partial automatic sprinkler and NFPA 25 IT is not met as evidenced ion, Record Review and railed to maintain the obstruction/risk of damage, operly fitting, the sprinkler box ct replacement sprinklers aving full inspection records in C Section 19.3.5.1, Section NFPA 13, 2010 Edition, and ion. The deficient practice of residents, as well as an ber of staff and visitors.				
	am to 11:30 am duri the physical therapy storage of items with damage to the sprin spray pattern. Inter Director verified the	24/2017 at approximately 9:40 ng the facility tour identified room had two findings of hin 18" of the sprinkler risking kler and blocked sprinkler view with the Maintenance findings at the time of d review on 01/23/2017 at pm to 3:45 pm and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		495188	B. WING _			01/24/2017	
	ROVIDER OR SUPPLIER	HABILITATON CENTER		STREET ADDRESS, CITY, STATE, Z 235 EVERGREEN AVE APPOMATTOX, VA 24522			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION DATE	
K 353	identified the Fire & sprinkler system ins 10/12/2016, under Stated only 3 sprink Record review did r of sprinklers from the report 10/12/2016 redevices counted, 97 and 6.67% failed wifailed and/or what we meet the requireme Section 5.1.1, 5.2.1 The findings were very Director at the times of observation on 01/2 am to 11:30 am dure the physical therapy sprinkler escutched ceiling allowing hot sprinkler into the special management of observation. 01/23/2017 at approand 01/24/2017 at am identified the Fire (FLSA) sprinkler system of the requirement for Section 5.1.1, 5.2.1	Life Safety America (FLSA) pection report dated Section, Inspection Summary, lers were inspected (6.52%). Not show an annual inspection ne floor level. In addition, the eport page 2 of 24 stated 46 7.83% tested, 93.33% passed th no documentation of what vas corrected. This did not not for NFPA 25, 2011 Edition, n, and 5.2.1.2. erified by the Maintenance of observation. 24/2017 at approximately 9:40 ing the facility tour identified or room had two findings of ns not properly fitting to the gasses and smoke past the acce above. Interview with the or verified the findings at the Record review on eximately 2:20 pm to 3:45 pm approximately 8:00 am to 9:30 as & Life Safety America stem inspection report dated Section, Inspection Summary, lers were inspected (6.52%) an annual inspection of floor level. This did not meet NFPA 25, 2011 Edition, n, 5.2.1.2 and 5.2.2. erified by the Maintenance	K	353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	K2) MULTIPLE CONSTRUCTION . BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		495188	B. WING				01/24/2017	
	ROVIDER OR SUPPLIER	REHABILITATON CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CO 235 EVERGREEN AVE APPOMATTOX, VA 24522		•		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 353	am to 11:30 am do the facility sprinkle have spare sprink facility (no quick robox at the time of Maintenance Diretime of observatio 01/23/2017 at appand 01/24/2017 at am identified the facility (FLSA) sprinkler some 10/12/2016, on pabox was inspected the section as Pastrequirement for Ni 5.4 and 5.4.1.5. The findings were Director at the time Record review on 2:20 pm to 3:45 pm approximately 8:0 Fire & Life Safety system inspection reports dated 10/1 at the time of surve (with another date and 10/06/2015). of the records were inspections. This of NFPA 25, 2011 Edand 5.2.3. Based on Observatively has a sprinkler free from the sprinkler box results of the sprinkler box resu	di/24/2017 at approximately 9:40 uring the facility tour identified er box for both buildings did not lers for each type used in the esponse spares in the sprinkler review). Interview with the ctor verified the findings at the n. Record review on proximately 2:20 pm to 3:45 pm at approximately 8:00 am to 9:30. Fire & Life Safety America system inspection report dated age 9 of 24 stated the sprinkler d and listed the inspection under essed. This did not meet the FPA 25, 2011 Edition, Section verified by the Maintenance	K	353				

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION IG 01, 02		(X3) DATE SURVEY COMPLETED
		495188	B. WING _			01/24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER	•	STREET ADDRESS, CITY, 235 EVERGREEN AVE APPOMATTOX, VA 24		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	DATE
K 353	full inspection record. Section 19.3.5.1, Sec. NFPA 13, 2010 Edition. The deficient two floors, as well as of residents, staff and Findings Include: Observation on 01/24 am to 11:30 am during the walk in coolers/rekitchen had findings of the sprinkler riskinand blocked sprinkler with the Maintenance findings at the time or review on 01/23/2017 to 3:45 pm and 01/24 am to 9:30 am identification Summary, were inspected (6.52 show an annual inspection Summary, were inspected (6.52 show an annual inspection floor level. In addition report page 2 of 24 second systems of 11:30 am during the findings were very director at the times. Observation on 01/24 am to 11:30 am during the second systems of 11:30 am during	stion 4.6.12, Section 9.7, on, and NFPA 25, 2011 of practice could affect two of an indeterminable number of visitors. A/2017 at approximately 9:40 of the facility tour identified frigerators in the upper floor of storage of items within 18" of damage to the sprinkler of spray pattern. Interview of Director verified the flobservation. Record of at approximately 2:20 pm a/2017 at approximately 8:00 ited the Fire & Life Safety of the Safety of the Section of Sprinklers of Sp	K3	53		

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		(X3) DATE SURVEY COMPLETED	
	495188	B. WING_		01/:	24/2017
ROVIDER OR SUPPLIER	ABILITATON CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG			(X5) COMPLETION DATE
have spare sprinklers facility (no quick resp box at the time of rev Maintenance Director time of observation. 01/23/2017 at approx and 01/24/2017 at apam identified the Fire (FLSA) sprinkler syst 10/12/2016, on page box was inspected ar the section as Passer requirement for NFPA 5.4 and 5.4.1.5. The findings were verbirector at the times of Record review on 01/2:20 pm to 3:45 pm a approximately 8:00 a Fire & Life Safety Am system inspection repreports dated 10/12/2 at the time of survey) (with another date of and 10/06/2015. Of to of the records were ic inspections. This did NFPA 25, 2011 Editio	s for each type used in the onse spares in the sprinkler iew). Interview with the r verified the findings at the Record review on simately 2:20 pm to 3:45 pm oproximately 8:00 am to 9:30 & Life Safety America em inspection report dated 9 of 24 stated the sprinkler and listed the inspection under d. This did not meet the A 25, 2011 Edition, Section rified by the Maintenance of observation. 23/2017 at approximately and 01/24/2017 at m to 9:30 am identified the perica (FLSA) sprinkler corts identified sprinkler corts reviewed, none dentified as annual not meet the requirement for	K	353		
Portable Fire Extingu CFR(s): NFPA 101 Portable Fire Extingu Portable fire extinguis inspected, and mainta	ishers shers are selected, installed, ained in accordance with	K:	355		1/24/17
-	CONTINUED ROYALD REALTH AND REH SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page have spare sprinklers facility (no quick resp box at the time of rev Maintenance Director time of observation. 01/23/2017 at approx and 01/24/2017 at ap am identified the Fire (FLSA) sprinkler syst. 10/12/2016, on page box was inspected ar the section as Passed requirement for NFPA 5.4 and 5.4.1.5. The findings were verified by the section as Passed requirement for NFPA 5.4 and 5.4.1.5. The findings were verified by the section as Passed requirement for NFPA 5.4 and 5.4.1.5. The findings were verified by the section as Passed requirement for NFPA 5.4 and 5.4.1.5. The findings were verified by the section as Passed requirement for NFPA 5.4 and 5.4.1.5. The findings were verified by the section and 10/12/2 at the time of survey) (with another date of and 10/06/2015. Of the records were in inspections. This did NFPA 25, 2011 Edition and 5.2.3. Portable Fire Extinguing CFR(s): NFPA 101 Portable Fire Extinguing inspected, and maintain inspected, and maintain inspected, and maintain inspected.	A95188 ROVIDER OR SUPPLIER TOX HEALTH AND REHABILITATON CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 have spare sprinklers for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5. The findings were verified by the Maintenance Director at the times of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspections. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3. Portable Fire Extinguishers	ROVIDER OR SUPPLIER TOX HEALTH AND REHABILITATON CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 have spare sprinklers for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5. The findings were verified by the Maintenance Director at the times of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspections. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3. Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers are selected, installed, inspected, and maintained in accordance with	ROWIDER OR SUPPLIER TOX HEALTH AND REHABILITATON CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH CORRECTIVE MUST BE PRECEDED BY FULL REGULATORY OR LSO DENTIFYING INFORMATION). VIA 24522 PROVIDERS PAREPROPRIA COntinued From page 16 have spare sprinkters for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am dentified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler system inspection reports identified sprinkler system inspection reports identified sprinkler reports and 01/22/12/15. Of the records reviewd, none of the records were identified as annual inspections. This did not meet the requirement of NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3. POrtable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers are selected, installed, inspection, and maintained in accordance with	A BUILDING 01, 02 A95188 B. WING TOX HEALTH AND REHABILITATON CENTER SUMMARY STREMENT OF DEFICIENCES (EGA) DEFICIENCY NATE INFORMATION, VIA 24522 SUMMARY STREMENT OF DEFICIENCES (EGA) DEFICIENCY NATE INFORMATION, VIA 24522 PROVIDERS PLAN OF CORRECTION (EGA) CORRECTIVE ACTION SHOULD BE (EGA) DEFICIENCY OF THE APPROPRIATE DEFICIENCY OF THE APPROPRIATE COntinued From page 16 have spare sprinklers for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 8.00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5. The findings were verified by the Maintenance Director at the times of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2016, 05/10/2016 (with another date of 04/12/2016, 05/10/2016 (with another date of 04/12/2016, 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspection, This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3. Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers A9518 K 355

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG 01, 02		(X3) DATE SURVEY COMPLETED	
		495188	B. WING_			01/	24/2017
	ROVIDER OR SUPPLIER	ABILITATON CENTER		STREET ADDRESS, CITY, STATE, 235 EVERGREEN AVE APPOMATTOX, VA 24522	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
K 355	by: Based on Observation failed to provide main free for use in emerge accordance with LSC and NFPA 10, 2010 E affect one fire extinguindeterminable numb visitors. Finding Includes: Observation on 01/24 am to 11:30 am durin the fire extinguisher a blocked by equipment Interview with the Ma	NFPA 10 is not met as evidenced on and Interview, the facility stenance of fire extinguishers ency situations in Section 9.7.4.1, 19.3.5.12 Edition. This deficiency could	к:	355			
K 712 SS=F	the fire extinguisher be observation. This did extinguishers in acco 9.7.4.1, 19.3.5.12 and The finding was verifically before the finding was verifically before at the time of Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the signal and simulation conditions. Fire drills unexpected times uncleast quarterly on each	peing blocked at the time of a not meet regulations for fire rdance with LSC Section do NFPA 10, 2010 Edition. The description of a fire alarm	K.	712			7/28/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01, 02	(X3) DATE SURVEY COMPLETED		
		495188	B. WING		01/24/2017		
	ROVIDER OR SUPPLIER	HABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDS OF THE APPREDED TO	ULD BE COMPLETION		
K 712	between 9:00 PM at announcement may alarms. 19.7.1.4 through 19 This REQUIREMEN by: Based on Record Facility failed to condin accordance with I through 19.7.1.7. Taffect 60 of 60 resid indeterminable num Findings Include: Record review on 0.2:20 pm to 3:45 pm approximately 8:00 drill records from all fire drills not conduct on 01/23/2017 at approximately entrance con Administrator stated shifts and stated the pm, 2:00 pm to 10:00 am. Record review approximately 2:20 01/24/2017 at approximately 2:20 pm, and 11/28/2016 (two of four fire drills pm and 1:25 pm). Fat approximately 2:25 pm). Fat approximately 2:25 pm. Fat approximately 2:26 pm. Fat approximately 2:27 pm. Fat approximately 2:28 pm. Fat approximately 2:29 pm.	Where drills are conducted and 6:00 AM, a coded be used instead of audible 7.1.7 IT is not met as evidenced Review and Interview, the fluct fire drills at varied times LSC Sections 19.7.1.4 his deficient practice could ents, as well as an ober of staff and visitors. 1/23/2017 at approximately and 01/24/2017 at am to 9:30 am identified fire three shifts had documented ated at varied times. Interview proximately 2:00 pm at the ference with the facility that the facility has three e shifts are 6:00 am to 2:00 opm and 10:00 pm to 6:00 on 01/23/2017 at	K 71.				
	shift dated 03/28/20	or the 2:00 pm to 10:00 pm 16 was conducted at 2:51 conducted at 2:29 pm,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G 01, 02		(X3) DATE SURVEY COMPLETED		
		495188	B. WING		0	1/24/2017		
	ROVIDER OR SUPPLIER	HABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE AID DEFICIENCY)			SHOULD BE	(X5) COMPLETION DATE		
K 712	12/30/2016 was confour fire drills with in 2:51 pm). Record reapproximately 2:20 p 01/24/2017 at approxidentified fire drills for shift dated 01/29/20 were both conducted conducted at 4:45 arronducted at 5:40 arrame from 4:45 am 5:05 am). The docurvaried times is not in Sections 19.7.1.4 through 19.7.1.7. The findings were verbirector at the time of Based on Record Reacility failed to condin accordance with Lethrough 19.7.1.7. The affect 60 of 60 reside indeterminable numbers approximately 8:00 and drill records from all fire drills not conduct on 01/23/2017 at approximately 8:00 and fire drills not conduct on 01/23/2017 at approx	ducted at 2:23 pm and ducted at 2:25 pm (four of a time frame from 2:23 pm to view on 01/23/2017 at om to 3:45 pm and ximately 8:00 am to 9:30 am or the 10:00 pm to 6:00 am 16 and dated 04/22/2016 at 5:05 am, 07/08/2016 was on and 10/27/2016 was on (four of four with in a time to 5:40 am with two of four at mentation for fire drills not at accordance with LSC rough 19.7.1.7. Intified with the Maintenance of Record Review. Eview and Interview, the suct fire drills at varied times SC Sections 19.7.1.4 his deficient practice could ents, as well as an over of staff and visitors. Interview and only 24/2017 at approximately and 01/24/2017 at approximately 2:00 pm at the entered with the facility that the facility has three shifts are 6:00 am to 2:00 on 01/23/2017 at on 01/23/2017	K 7'	12				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG 01, 02		ATE SURVEY DMPLETED
		495188	B. WING _			01/24/2017
	ROVIDER OR SUPPLIER TOX HEALTH AND REF	IABILITATON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 712	identified fire drills fo shift dated 08/28/2016 pm, and 11/28/2016 (two of four fire drills pm and 1:25 pm). R at approximately 2:20 01/24/2017 at approxidentified fire drills fo shift dated 03/28/2016 pm, 06/28/2016 was 09/30/2016 was conductified fire drills with in 2:51 pm). Record reapproximately 2:20 pm 01/24/2017 at approximately 2:20 pm 01/24/2	kimately 8:00 am to 9:30 am or the 6:00 am to 2:00 pm 16 was conducted at 1:25 was conducted at 12:55 pm conducted between 12:55 ecord review on 01/23/2017 0 pm to 3:45 pm and kimately 8:00 am to 9:30 am or the 2:00 pm to 10:00 pm 16 was conducted at 2:51 conducted at 2:29 pm, ducted at 2:23 pm and ducted at 2:25 pm (four of a time frame from 2:23 pm to view on 01/23/2017 at om to 3:45 pm and kimately 8:00 am to 9:30 am or the 10:00 pm to 6:00 am or the 10:00 pm or the 2:20 pm o	K 7			2/28/17
SS=F	CFR(s): NFPA 101 Fundamentals - Build Building systems are 1 through 4 requirem	ding System Categories designed to meet Category nents as detailed in NFPA 99. mined by a formal and essment procedure				2/20/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) I IDENTIFICATION NUMBER: A. BL			CONSTRUCTION I, 02	(X3) DATE SURVEY COMPLETED		
		495188	B. WING _			01/	24/2017	
	ROVIDER OR SUPPLIER	ABILITATON CENTER		23	REET ADDRESS, CITY, STATE, ZIP CODE SE EVERGREEN AVE PPOMATTOX, VA 24522		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 901	Continued From page Chapter 4 (NFPA 99)	21	K	901				
	by: Based on Record Refacility failed to have a accordance with NFP. 4. This deficient pracresidents, as well as a staff and visitors. Findings Include: Record review on 01/2:20 pm to 3:45 pm a approximately 8:00 arfacility had no formal accordance with NFP. 4. Interview on 01/24 am during record revi Director verified the la assessment (NFPA 9: This did not meet the 2012 Edition, Chapter The finding was verificative for a the time of Based on Record Refacility failed to have a accordance with NFP. 4. This deficient prace	m to 9:30 am identified the risk assessment in A 99, 2012 Edition, Chapter //2017 at approximately 9:00 ew with the Maintenance ack of a formal risk 9, 2012 Edition, Chapter 4). requirement of NFPA 99,4.						
	staff and visitors. Findings Include:							

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONS NG 01, 02	TRUCTION	1 '	X3) DATE SURVEY COMPLETED	
		495188	B. WING _			01/	24/2017	
	ROVIDER OR SUPPLIER	ABILITATON CENTER		235 EVE	ADDRESS, CITY, STATE, ZIP CODE ERGREEN AVE IATTOX, VA 24522			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 901 K 911 SS=E	2:20 pm to 3:45 pm a approximately 8:00 a facility had no formal accordance with NFF 4. Interview on 01/24 am during record revi Director verified the lassessment (NFPA 9 This did not meet the 2012 Edition, Chapte The finding was verifi Director at the time of Electrical Systems - (CFR(s): NFPA 101 Electrical Systems - (List in the REMARKS Chapter 6 Electrical Sare not addressed by are deficient. This infrapplicable Life Safety citation, should be incompleted to the condition of the condition	23/2017 at approximately nd 01/24/2017 at m to 9:30 am identified the risk assessment in A 99, 2012 Edition, Chapter 1/2017 at approximately 9:00 ew with the Maintenance ack of a formal risk 9, 2012 Edition, Chapter 4). requirement of NFPA 99, r 4. ed by the Maintenance f record review. Other Other Systems requirements that the provided K-Tags, but ormation, along with the Code or NFPA standard cluded on Form CMS-2567.	K	901			1/24/17	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION 11, 02	(X3) DATE COMP	SURVEY PLETED
		495188	B. WING			01/	24/2017
	ROVIDER OR SUPPLIER	IABILITATON CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 235 EVERGREEN AVE APPOMATTOX, VA 24522				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 911 K 912 SS=E	am to 11:30 am during the attic had 14 open Interview at the time Maintenance Director boxes were not cover in the attic working of time of observation. The requirement of NFPA 6.3.2.2.2.4, NFPA 70 314.28(C) and LSC STATE TO THE FINANCE OF THE FI	A/2017 at approximately 9:40 ing the facility tour identified in electrical junction boxes. of observation with the r verified the outlets/junction red and no individuals were in the electrical system at the This did not meet the in 99, 2012 Edition, Section in, 2011 Edition, Section is estion 9.1.2. Arified by the Maintenance of observations. Receptacles Receptacles Receptacles Receptacles ave at least one, separate, rounding pole capable of act resistance with its mating ations, receptacles in patient lay rooms, and activity reseries, are listed imploy a listed cover. e room, ground-fault circuit re listed. i.2.4.2 (NFPA 99) I is not met as evidenced		911	DEFICIENCY)		1/27/17
	failed to be able to verwater sources were ginterrupters (GFCI) in 2012 Edition, Section 7.4.2 and Section 9.7 could affect two room	n accordance with NFPA 99, n 6.3.2.5. and LSC Section 1.2. This deficient practice					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		495188	B. WING			01/24/2017	
NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATON CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION SHO		D BE COMPLETION	
K 912	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		K	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP		E COMPLETION	